

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12892

STATE FILE NUMBER

63-049421

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

81 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Jewish Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1921 Forest Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

FRANK

Middle

X.

Last

FITZSIMMONS

4. DATE OF DEATH

Month

December

Day

26

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/25/82

9. AGE (last birthday)

81 yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Watchman

10b. KIND OF BUSINESS OR INDUSTRY

Manufacturing Wire

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas J. Fitzsimmons

13b. MOTHER'S MAIDEN NAME

Margaret Colligan

14. NAME OF HUSBAND OR WIFE

Mrs. Amanda Schillig Fitzsimmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Margaret Buchanan, #8 Clydehurst

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

COR PULMONALE

INTERVAL BETWEEN ONSET AND DEATH

5 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CHRONIC FIBROSIS & EMPHYSEMA

15 YEARS

DUE TO (c)

ARTERIO-SCLEROTIC HEART DISEASE

10 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

525X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to 12-25-63 and last saw her alive on 12-25-63

Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Michael A. Buehler MD

22b. ADDRESS

4652 MAPLEWOOD ST LOUIS 8

22c. DATE SIGNED

12-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F.H.Inc., 3620 Chippewa St. 16

25. DATE RECD. BY LOCAL REG.

DEC 27 1963

26. REGISTRAR'S SIGNATURE

Good Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 204

3

4 0

5 3

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10

11

12 64-0

13

64

707-4057

12-5

Dr. Preston A. Birrell  
4652 Maryland

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Horner W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.